

CITY OF MILWAUKEE
POLICE DEPARTMENT APPLICANT
PERSONAL HISTORY QUESTIONNAIRE INSTRUCTIONS

The Personal History Questionnaire (PHQ) is the first step in the background investigation process. You are required to complete a PHQ form, which must be returned to the City of Milwaukee Police Department (MPD) on or before the stated deadline. If you fail to complete the PHQ, or it is not received by the deadline, you may be disqualified from further participation and no longer considered for the position. The following instructions should be followed when completing your PHQ.

- The Personal History Questionnaire (PHQ) must be completed directly by the individual who has applied for the position.
- All responses must be legible and printed using black ink.
- A response is required for every question; if the question does not apply, you must indicate “N/A” (Not Applicable). Do not leave any response blank.
- It is the responsibility of the applicant to assure all information provided is accurate, complete, and truthful.
 - Falsification, willful misrepresentation, or intentional omission of material information will result in disqualification and/or termination of employment by the Police Department.
 - Unintentional failure to include information may also result in disqualification, because it may be considered untruthfulness. Therefore you should take necessary action to obtain *all* information (i.e. research criminal, traffic, civil, employment, and school records, etc.)
 - If you are unsure as to an exact date or have other partial information, include as much information as possible (i.e. month and year, or approx. year, etc.). **Do not** just leave the response blank, as that may also be considered untruthfulness, resulting in disqualification.
- If the space provided on the PHQ is insufficient for your response, you may write your response on a separate sheet of paper, and attach it to the PHQ.
- You must report a change in any information that occurs after submitting your PHQ, to the City of Milwaukee Police Department (MPD), Background Investigation Unit. This would include changes in name, address, phone number(s), employment, driving record, etc. You may contact the Background Investigation Section at (414) 935-3510.
- You must also report any change in your contact information to the City of Milwaukee, DER. This would include changes in name, address, phone number(s), etc. You may contact the DER at (414) 286-5071.
- Your completed PHQ must be received by the MPD by the deadline stated. You may deliver the document personally, have someone else drop it off for you, or mail it. Whichever method you choose, your completed PHQ **must be received, or postmarked by the deadline date**. Return these documents to: Milwaukee Police Department Human Resources, 951 N James Lovell St., Room 427, Milwaukee WI 53233-1418. If your PHQ is not received, or postmarked by the deadline, this may result in your disqualification.
- When you return your PHQ, it must have several documents attached. A list of those documents is found on the back side of these instructions.
- Questions about completing the PHQ may be directed to the DER on (414) 286-5071. Once your PHQ has been submitted, any questions regarding your background investigation may be directed to the MPD, Background Investigation Section at (414) 935-3510.

IMPORTANT: When you submit your PHQ, the document must have your fingerprint on it. Therefore, you must schedule an appointment with the MPD to be fingerprinted prior to the PHQ deadline. You may do so by calling (414) 935-7380. Fingerprinting is done at Room 305 of the Police Administration Building, located at 951 N James Lovell St (7th & State Streets). You must take your PHQ and a government-issued photo I.D. when you go to your appointment. *Because appointment times may fill up quickly, you are encouraged to call to schedule your appointment as soon as you receive this letter.* If you omit this step, you may be disqualified, or your background investigation may be delayed.

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Following is a list of the documents that you are required to submit in order for your background investigation to begin. Attach *copies* of all the documents listed below, which pertain to you. Failure to attach *copies of all* required documents at the time you submit your PHQ, may result in a delay in completion of your background investigation and consequently may affect your ability to be hired in order of rank on the eligibility list.

If you are unable to obtain a copy of all required documents prior to the stated deadline, you must still submit the completed PHQ on time and attach a written explanation of which document(s) are missing, and when you anticipate you will be able to provide them. The missing documents must be submitted as soon as it is possible to do so.

You are to submit *copies* of each of the required documents, except that an *official certified copy* of your birth certificate is required. The documents you submit will *not* be returned to you.

Documents to Submit:

- ☐ Legal Birth Certificate (Hospital notices are not acceptable) *Wisconsin law 69.24 strictly prohibits copying vital records; therefore you must submit a true certified copy of this document.
- ☐ Social Security Card showing your current legal name
- ☐ Two (2) Recent Individual Passport-Style Photographs (Snapshots are not acceptable). Specifications may be found at <http://travel.state.gov/passport>.

If the position you have applied for requires High School Graduation or G.E.D, you must provide:

- ☐ High School Diploma or Transcript showing successful completion; OR G.E.D. Certificate (if required). If G.E.D. Certificate is not from the State of Wisconsin, you must also provide a copy of test scores.

If the position you have applied for requires a Valid Driver's License, you must provide:

- ☐ Valid Driver's License

Note: You must have a valid Driver's License at the time your background investigation begins, or you may be disqualified - If you do not currently hold a valid Driver's License, you are strongly encouraged to take immediate action to obtain such. Your address with the Department of Transportation should be current per Wisconsin State Statute 343.22(2)(a).

If you have served in the Military, you must provide:

- ☐ Undeleted Copy of your DD-214 Military Form (Undeleted means that the bottom portion of the form, which shows the type of discharge and character of service is attached)

If you are required to register for Selective Service and have not served in the Military, you must provide:

- ☐ Registration of Selective Service Note: if you are unable to locate your registration, you may print a copy online at <http://www.sss.gov/records.htm>, or you may call (847) 688-6888.

If you have attended college, even if not in a police-related field, you must provide:

- ☐ **Official** transcript(s), which can be mailed directly from the school to: Milwaukee Police Department
Background Investigation Section
P.O. Box 531
Milwaukee, WI 53201
- ☐ Vocational / Technical Certificates (if applicable)
- ☐ College Diploma(s) (if applicable)

If you were not born in the United States, you must provide:

- ☐ Naturalization Papers

If you have legally used any other name, you must provide:

- ☐ Documents pertaining to name change (e.g., marriage, divorce, adoption, or other legal name change)

If you are an applicant for Police Aide position, you also must provide:

- ☐ High School Transcript(s)

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Position applied for: _____

Section I - PERSONAL RECORD

1) LEGAL NAME: _____
Last Name First Name Full Middle Name

2) List all other names you have used or been known by (Maiden name, adopted name, aliases, nicknames, etc.) and explain each one:

3) Your present SOCIAL SECURITY number: _____ - _____ - _____
3 Digits 2 Digits 4 Digits

4) Other Social Security number(s) that have been assigned to you: _____

5) Date of Birth: _____ / _____ / _____
Month Day Year

6) Age at last Birthday: _____ **Years** 7) Gender: ☐ Male ☐ Female

8) List any other dates of birth you have used and the reason for doing so:

9) Place of Birth: Cit y _____ County _____ State _____

10) If place of birth is other than Milwaukee, when did you move to Milwaukee?
Month Year

11) Present Address: _____

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	City		State		Zip
12)	Home Telephone Number	()- -		Hours available at this number?	
	Cell Telephone Number	()- -		Hours available at this number?	
13)	Work Telephone Number	()- -		Hours available at this number?	
14)	If you have no phone, supply the name and number of the person who can contact you, including their relationship (i.e. Spouse, friend, brother, etc.)				

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NOTE: Marital and parental status is being elicited only for the purpose of conducting a background investigation. Marital and parental status are not used to determine your suitability as a Milwaukee Police Department employee.

- 15) Current Marital ☐ Never Married ☐ Married ☐ Divorced ☐ Separated
Status: ☐ Widowed

Name of Present
Spouse:

	Last Name	First Name	Middle Name
Spouse's Name(s) / Other Maiden Name			/ /

	Last Name	First / Middle Names	Date of Birth
--	-----------	----------------------	---------------

City/State Marriage Date: / /
Performed: _____

Present Address (if different than yours): _____

City _____ State _____ Zip _____

Spouse's Telephone Number: ()- - _____

Occupation of Spouse's Employer: _____
Spouse's _____

Spouse's Business Address: _____ Business Phone: ()- - _____

- 16) Name of Girlfriend /
Boyfriend / Fiancée:

Last Name	First Name	Middle Name
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Present Address: _____

City _____ State _____ Zip _____

Home Telephone Number ()- - Date of Birth / /

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Occupation: _____ Employer: _____

Business Address: _____ Business Phone: ()- - _____

18) List ALL previous marriages in order of occurrence

Name of Former Spouse: _____
Last Name (presently using) First Name Middle Name

Present Address: _____

City/State Marriage Date: / /
Performed: _____

Court Issuing Divorce /
Annulment: _____

Date / / Date / /
Filed: _____ Granted: _____

Name of Former Spouse: _____
Last Name (presently using) First Name Middle Name

Present Address: _____

City/State Marriage Date: / /
Performed: _____

Court Issuing Divorce /
Annulment: _____

Date / / Date / /
Filed: _____ Granted: _____

NOTE: IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL PAGES FOLLOWING THE SAME FORMAT

19) List all children (Include natural, stepchildren, adopted children, foster children and other dependents). If deceased, so indicate.

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a) Name: _____ / /
Last First Middle Date of Birth

Present Address: _____

City _____ State _____ Zip _____

Relationship to Child: _____

Name of Other ()- -
Parent: _____
Last First Middle Phone

b) Name: _____ / /
Last First Middle Date of Birth

Present Address: _____

City _____ State _____ Zip _____

Relationship to Child: _____

Name of Other ()- -
Parent: _____
Last First Middle Phone

c) Name: _____ / /
Last First Middle Date of Birth

Present Address: _____

City _____ Stat _____ Zi _____
e p

Relationship to Child: _____

Name of Other ()- -
Parent: _____
Last First Middle Phone

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19) Children - Continued

d) Name: _____ / /
Last First Middle Date of Birth

Present Address: _____

City _____ State _____ Zip _____

Relationship to Child: _____

Name of Other Parent: _____ ()- -
Last First Middle Phone

e) Name: _____ / /
Last First Middle Date of Birth

Present Address: _____

City _____ State _____ Zip _____

Relationship to Child: _____

Name of Other Parent: _____ ()- -
Last First Middle Phone

f) Name: _____ / /
Last First Middle Date of Birth

Present Address: _____

City _____ State _____ Zip _____

Relationship to Child: _____

Name of Other Parent: _____ ()- -
Last First Middle Phone

g) Name: _____ / /
Last First Middle Date of Birth

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Section 1A – RELATIVES & FAMILY MEMBERS

20) Supply the appropriate information in the spaces provided below. If a category is not applicable, write “n/a”. Indicate if the person is deceased.

Father _____ ()- -
Last Name First Name Middle Name Phone Number

Address _____
City State Zip

Step-Father _____ ()- -
Last Name First Name Middle Name Phone Number

Address _____
City State Zip

Mother _____ ()- -
Last Name First Name Middle Name Phone Number

Address _____
City State Zip

Step-Mother _____ ()- -
Last Name First Name Middle Name Phone Number

Address _____
City State Zip

Father-in-Law _____ ()- -
Last Name First Name Middle Name Phone Number

Address _____
City State Zip

Mother-in-Law _____ ()- -

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	<hr/>			
	Last Name	First Name	Middle Name	Phone Number
Address	<hr/>			
		City	State	Zip

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20. Family – continued. For the following, check the appropriate relationship.

a) ☐ Brother ☐ Step-Brother ☐ Half-Brother ☐ Sister ☐ Step-Sister ☐ Half-Sister

Name _____ ()- -
Last First Middle Phone Number

Address _____
City State Zip

b) ☐ Brother ☐ Step-Brother ☐ Half-Brother ☐ Sister ☐ Step-Sister ☐ Half-Sister

Name _____ ()- -
Last First Middle Phone Number

Address _____
City State Zip

c) ☐ Brother ☐ Step-Brother ☐ Half-Brother ☐ Sister ☐ Step-Sister ☐ Half-Sister

Name _____ ()- -
Last First Middle Phone Number

Address _____
City State Zip

d) ☐ Brother ☐ Step-Brother ☐ Half-Brother ☐ Sister ☐ Step-Sister ☐ Half-Sister

Name _____ ()- -
Last First Middle Phone Number

Address _____
City State Zip

e) ☐ Brother ☐ Step-Brother ☐ Half-Brother ☐ Sister ☐ Step-Sister ☐ Half-Sister

Name _____ ()- -
Last First Middle Phone Number

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Address _____
City State Zip

f) ☐ Brother ☐ Step-Brother ☐ Half-Brother ☐ Sister ☐ Step-Sister ☐ Half-Sister

Name _____ ()- -
Last First Middle Phone Number

Address _____
City State Zip

NOTE: IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL PAGES FOLLOWING THE SAME FORMAT
Section II - RESIDENCES

21) Have you ever lived in a foster home? ☐ Yes ☐ No
If yes, explain and give details (Names, Dates, Addresses, etc.)

22) List below in reverse chronological order each place you have resided. Start with your present address and work backwards. Be careful to give your correct addresses. OMIT NONE. Periods of residency at college may be denoted by the college address, although specific addresses are preferred.

Present
Address _____
City State Zip

With whom do
you live?

From: / To: / Do you ☐ Rent
(Mo./Yr.) (Mo./Yr.) ☐ Own

If Renting –
Landlord Landlord ()- -
Name Phone
Landlord
Address

City State Zip

Previous _____

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Address _____
City State Zip

With whom
did you live?

From: / To: / Do you ☐ Rent
(Mo./Yr.) (Mo./Yr.) ☐ Own

If Renting –
Landlord Landlord
Name Phone ()- -
Landlord
Address

City State Zip

Previous
Address _____
City State Zip

With whom
did you live?

From: / To: / Do you ☐ Rent
(Mo./Yr.) (Mo./Yr.) ☐ Own

If Renting –
Landlord Landlord
Name Phone ()- -
Landlord
Address

City State Zip

Previous
Address _____
City State Zip

With whom
did you live?

From: / To: / Do you ☐ Rent
(Mo./Yr.) (Mo./Yr.) ☐ Own

If Renting –
Landlord Landlord
Name Phone ()- -
Landlord
Address

City State Zip

Previous
Address _____

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	City	State	Zip
With whom did you live?			
From: (Mo./Yr.)	/	To: (Mo./Yr.)	/
If Renting –			Do you <input type="checkbox"/> Rent
Landlord			<input type="checkbox"/> Own
Name		Landlord Phone	()- - _____
Landlord Address			
	City	State	Zip

22a) List any other city or cities you have **ever** lived in. (Include Military)

**NOTE: IF THERE ARE MORE RESIDENCES THAN SPACES PROVIDED, ATTACH ADDITIONAL PAGES
FOLLOWING SAME FORMAT.**

23) Has a formal eviction action ever been commenced against you? ☐ YES ☐ NO If
yes, explain and give details including date and County:

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Section III - CITIZENSHIP

24) Are you a United States citizen? ☐ YES ☐ NO

25) If you are of foreign birth, or are a naturalized citizen, provide the following:

Country of Birth _____	Date of Entry into the United States _____ / ____ / ____
Port of Departure for the United States _____	Port / Place of Entry into the United States _____

26) If a naturalized citizen, name and address of person who sponsored you on arrival:

Sponsor Name	Last	First	Middle
Current Address of Sponsor	_____		
	City	State	Zip
Your First Address after Arrival in US	_____		
	City	State	Zip

26a) When did you obtain Citizenship?

Petition Number _____	Date _____ / ____ / ____
State _____	Certificate Number _____
Court _____	

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Section IV - EMPLOYMENT HISTORY

27) Beginning with your current employment, list all jobs including full-time, part-time, and temporary positions you have ever held. If you have had intervening periods of military service, unemployment or public assistance, list those periods in sequence in the spaces provided.

SAMPLE RESPONSE:

Dates of Employment	From 09/1999	To 11/1999	Employer Cover-All Insurance
<hr/>			
Address	2323 S 23 ST, Ste 233	Milwaukee	WI 53233
		City	State Zip
Position	Insurance Agent	Supervisor	Mr. Frank Franklin (414)-233-2323
<hr/>			
Title of Supervisor _____			
Co-Worker	Name Thomas Jones	Address 1717 S 17 St, Milwaukee, WI 53217	Phone (414)-217-1717
<hr/>			
Reason for Leaving	Company went out of business		
<hr/>			
Did you give proper notice?	If no, explain circumstances:		
<input type="checkbox"/> Yes			
<input type="checkbox"/> No	<hr/>		

a) CURRENT EMPLOYER:

Dates of Employment	From /	To /	Employer
<hr/>			
Address			
		City	State Zip
Position		Supervisor	Phone ()- -
<hr/>			
Title of Supervisor _____			
Co-Worker	Name	Address	Phone ()- -
<hr/>			
Reason for Leaving			
<hr/>			
	If no, explain _____		

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Did you give proper notice? ☐ Yes circumstances: _____
☐ No

b) PREVIOUS EMPLOYER:

Dates of From To Employer
Employment / /

Address _____
City State Zip
Phone
Position Supervisor ()- -

Title of Supervisor
Co- Name Address Phone
Worker ()- -
Reason for
Leaving

Did you give proper notice? ☐ Yes If no, explain
☐ No circumstances: _____

c) PREVIOUS EMPLOYER:

Dates of From To Employer
Employment / /

Address _____
City State Zip
Phone
Position Supervisor ()- -

Title of Supervisor
Co- Name Address Phone
Worker ()- -
Reason for

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Leaving _____

Did you give proper notice? ☐ Yes
☐ No

If no, explain
circumstances: _____

d) PREVIOUS EMPLOYER:

Dates of Employment	From _____ / _____	To _____ / _____	Employer _____
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Address _____	City _____	State _____	Zip _____
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Position _____	Supervisor _____	Phone ()- -
Co- Worker	Name _____ Address _____	Phone ()- -

Reason for
Leaving _____

Did you give proper notice? ☐ Yes
☐ No

If no, explain
circumstances: _____

e) PREVIOUS EMPLOYER:

Dates of Employment	From _____ / _____	To _____ / _____	Employer _____
------------------------	-----------------------	---------------------	----------------

Address _____	City _____	State _____	Zip _____
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Position _____	Supervisor _____	Phone ()- -
----------------	------------------	--------------

Title of Supervisor _____	Name _____	Address _____	Phone ()- -
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Reason for
Leaving _____

Did you give proper notice? ☐ Yes
☐ No

If no, explain
circumstances: _____

f) PREVIOUS EMPLOYER:

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Dates of Employment	From	To	Employer
	/	/	

Address	<hr/>		
	City	State	Zip
			Phone
Position	Supervisor	()-	-

Title of Supervisor	<hr/>		
Co- Worker	Name	Address	Phone
			()- -

Reason for Leaving	<hr/>		
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Did you give proper notice?	<input type="checkbox"/> Yes	If no, explain circumstances:
<input type="checkbox"/> No		<hr/>

**NOTE: IF THERE ARE MORE EMPLOYERS THAN SPACES PROVIDED, ATTACH ADDITIONAL PAGES
FOLLOWING SAME FORMAT.**

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28) Have you ever received unemployment compensation? ☐ Yes ☐ No

If yes, specify dates below:

From: / / To: / /

From: / / To: / /

From: / / To: / /

From: / / To: / /

From: / / To: / /

From: / / To: / /

NOTE: IF ADDITIONAL SPACE IS REQUIRED, ATTACH ADDITIONAL PAGES FOLLOWING SAME FORMAT.

29) Has any employer ever advised you of any problems, or have you had any problems, such as poor attendance, tardiness, difficulty getting along with supervisors or co-workers, and/or being below required standards for quantity and/or quality of work? ☐ Yes ☐ No If yes, explain and give details of all circumstances:

30) Have you ever resigned in lieu of termination or been terminated (fired), disciplined, reprimanded, or suspended at any place of employment? ☐ Yes ☐ No If yes, explain and give details (including dates) of all instances:

31) Have you ever had any extended work absences for reasons other than medical/sick leave or earned vacations?

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☐ Yes ☐ No If yes, explain and give details (including dates) of all instances:

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Section V - MILITARY SERVICE

32) Have you registered with the Selective Service (Under the Selective Service Act: Section 6, 50 U.S.C. APP456) in accordance with federal law governing males who have reached their eighteenth (18th) birthday?

☐ Yes ☐ No If yes, explain:

33) Have you ever served in the Armed Forces, National Guard or Military Reserves? ☐ Yes
☐ No

If no, skip to Question 45

If yes, list active duty and/or reserve duty assignments:

Branch: _____	From: _____ / _____ / _____	To: _____ / _____ / _____
Branch: _____	From: _____ / _____ / _____	To: _____ / _____ / _____
Branch: _____	From: _____ / _____ / _____	To: _____ / _____ / _____

Name, address and phone numbers of unit(s):

Name _____	Phone ()- -
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Address _____	City _____	State _____	Zip _____
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Name _____	Phone ()- -
------------	--------------------

Address _____	City _____	State _____	Zip _____
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34) Type of _____ Character of _____
Separation _____ Service _____
Narrative Reason for Separation: _____

If Character of Service is other than "Honorable", explain:

Near what major City _____

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35) Where Stationed for Basic
Training _____

36) Where transferred after Basic
Training _____

37) Have you ever served outside of the United States for any period(s) of time? ☐ Yes ☐ No
If yes, explain and give details (including country(s), dates, etc) of all instances:

38) Were you ever convicted by a court martial? ☐ Yes ☐ No If yes, explain and give
details (including dates, incident, punishment, and/or disposition, etc.) of all instances:

39) Have you ever been the subject of any other judicial or non-judicial disciplinary action while
in the military? ☐ Yes ☐ No If yes, explain and give details (including dates,
incident, punishment, and/or disposition) of all instances:

40) Discharged from where

41) Rank at time of discharge

42) Have you ever been reduced in rank? ☐ Yes ☐ No If yes, explain and give details
(including dates) of all instances:

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43) How many periods of active military service have you had (Drafts, enlistments or recalls to service)? (provide details)

44) Have you ever been refused enlistment or acceptance by any branch of the Military Service, National Guard, or Military Reserves? ☐ Yes ☐ No If yes, explain and give details (including dates) of all instances:

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Section VI - EDUCATION QUALIFICATIONS

45) High School Graduation or G.E.D

<input type="checkbox"/> I possess a High School Diploma	Date Received / /	
<input type="checkbox"/> I passed the G.E.D. test	Date / /	Location
<input type="checkbox"/> I possess a Certified High School Equivalency		

46) List all high school(s) and college(s) you have attended (indicate dates of graduation and credits earned).

Name of School	Dates Attended	From	To
	/ /	/ /	/ /
Location	Date of Graduation	/ /	
City	State		

Degree(s) Earned	Credits Earned

Name of School	Dates Attended	From	To
	/ /	/ /	/ /
Location	Date of Graduation	/ /	
City	State		

Degree(s) Earned	Credits Earned

Name of School	Dates Attended	From	To
	/ /	/ /	/ /
Location	Date of Graduation	/ /	
City	State		

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Degree(s)	Credits
Earned	Earned

Name of School	Dates	From	To
	Attended	/ /	/ /

Location _____ Date of Graduation _____ / _____ / _____
City State

Degree(s)	Credits
Earned	Earned

NOTE: IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL PAGES FOLLOWING THE SAME FORMAT.

- 47) List other educational or training programs you have taken, such as business institutes or correspondence schools, etc. Note any certificates or diplomas earned.

- 48) Have you ever been placed on probation, suspended or expelled from any school or college for any academic or disciplinary reason? ☐ Yes ☐ No If yes, explain and give details (including dates) of all instances:

- 48a) Has any high school, college, university, or trade school, etc. ever advised you of any problems that you have had, such as attendance, difficulty getting along with instructors or fellow students, etc.? ☐ Yes ☐ No If yes, explain and give details (including dates) of all instances:

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NOTE: IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL PAGES FOLLOWING THE SAME FORMAT.

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Section VII - FINANCIAL HISTORY

NOTE: Negative financial history will not be the sole basis for disqualification.

49) Have you ever been an owner, co-owner, or partner of any business? ☐ Yes ☐ No If yes, explain and give details (dates, company name, address, etc.):

50) Do you have an income from any source other than your principal occupation? ☐ Yes ☐ No If yes, explain and give details:

51) Have you been refused credit in the past eight (8) years? ☐ Yes ☐ No If yes, explain and give details:

52) Have you failed to repay a loan in the past eight (8) years? ☐ Yes ☐ No If yes, explain and give details:

53) In the past eight (8) years, have any of your bills been turned over to a collection agency? ☐ Yes ☐ No If yes, explain and give details:

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54) In the past eight (8) years, have you had any items repossessed or turned back to a finance company?

☐ Yes ☐ No If yes, explain and give details:

55) In the past eight (8) years, have your wages been attached or garnisheed? ☐ Yes ☐ No

If yes, explain and give details INCLUDING CASE NUMBERS:

56) In the past eight (8) years, have you filed or declared bankruptcy? ☐ Yes ☐ No If yes, explain and give details INCLUDING CASE NUMBERS:

57) Have you ever had a judgment served against you? ☐ Yes ☐ No If yes, explain and give details INCLUDING CASE NUMBERS:

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58) Has the Internal Revenue Service or any other governmental agency ever initiated action to collect past due income or other tax payments? ☐ Yes ☐ No If yes, explain and give details:

58a) Have you ever failed to file a tax return when required to do so? ☐ Yes ☐ No If yes, explain and give details:

59) Have you ever failed to pay court ordered support payment(s) for any children of whom you are the mother/father? ☐ Yes ☐ No If yes, explain and give details INCLUDING CASE NUMBERS:

60) Have you ever failed to pay any court ordered payments or fines? ☐ Yes ☐ No If yes, explain and give details INCLUDING CASE NUMBERS:

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61) Have you ever taken out any student loans for education or training? ☐ Yes ☐ No

If yes, the loan is: ☐ Paid ☐ Not Paid

If the loan is not paid – Do you have a monthly payback agreement? ☐ Yes ☐ No

NOTE: IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL PAGES FOLLOWING THE SAME FORMAT.

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Section VIII - MOTOR VEHICLE OPERATION

62) Do you currently possess a valid Driver's License? ☐ Yes ☐ No

If yes, complete the following

State Issued	Number	Class/Classes	Expiration Date / /
<hr/>			

63) Has your driver's license and/or driving privileges **EVER** been:

a) SUSPENDED: ☐ Yes ☐ No If yes, explain and give details including dates

b) REVOKED: ☐ Yes ☐ No If yes, explain and give details including dates

63c) Have you ever been classified as a Habitual Traffic Offender (HTO)? ☐ Yes ☐ No If yes, explain and give details including dates

63d) Have you ever been cited for an alcohol related driving offense? ☐ Yes ☐ No If yes, explain and give details including dates

64) Has any driver's license issued to you contained any specific limitations, restrictions, or special conditions?

☐ Yes ☐ No If yes, explain and give details

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65) List any other state(s) where you have been licensed to drive:

State	Name used on license
-------	----------------------

State	Name used on license
-------	----------------------

66) Have you ever had a driver's license under another name? ☐ Yes ☐ No If yes, explain and give details

67) Have you ever been refused a driver's license by another state? ☐ Yes ☐ No If yes, explain and give details

68) Do you currently own any motor vehicles? Type of vehicles currently owned: ☐ Yes ☐ No
If yes, complete the following

<u>STATE</u>	<u>VEHICLE MAKE/MODEL</u>	<u>YEAR</u>	<u>LICENSE PLATE NUMBER</u>
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68a) Within the last five (5) years, has the registration on any of your vehicles been suspended?
☐ Yes ☐ No If yes, explain and give details

69) Do you have liability insurance on each of the vehicles you own? ☐ Yes ☐ No

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70) Have you ever been involved, as the driver, in a motor vehicle accident? ☐ Yes ☐ No If yes, provide the following

<u>DATE</u> <u>ENFORCEMENT /</u> <u>JURISDICTION</u>	<u>LOCATION</u>	<u>CITY / STATE</u>	<u>CITATION /</u> <u>CHARGE</u>	<u>LAW</u>
/ /				
/ /				
/ /				
/ /				
/ /				

70a) Have you ever been involved in a fatal/near-fatal motor vehicle accident? ☐ Yes ☐ No
If yes, explain and give details

71) List ALL traffic violation(s) you have ever been cited for (include military citations):

<u>DATE</u>	<u>VIOLATION</u>	<u>CITY / STATE</u>	<u>DISPOSITION</u>
/ /			
/ /			
/ /			
/ /			
/ /			
/ /			

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72) Are you presently under indictment or a defendant in any pending traffic action(s)? ☐ Yes
☐ No If yes, explain and give details

NOTE: IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL PAGES FOLLOWING THE SAME FORMAT.

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Section IX - CRIMINAL/CIVIL/JUDICIAL HISTORY

73) List all non-traffic convictions you have ever had. Examples of these include, but are not limited to, felony crimes, misdemeanor crimes, Municipal Court Citations, Civil Summons and violations of State Statutes, County and City Ordinances, Department of Natural Resources and Internal Revenue Service laws. List all convictions below and describe. **OMIT NONE!**

	<u>DATE</u>	<u>TYPE / VIOLATION</u>	<u>CITY / STATE</u>	<u>DISPOSITION</u>
a)	/ /			
Describe Incident:				
b)	/ /			
Describe Incident:				
c)	/ /			
Describe Incident:				
d)	/ /			
Describe Incident:				
e)	/ /			
Describe Incident:				
f)	/ /			
Describe Incident:				
g)	/ /			
Describe Incident:				
h)	/ /			
Describe Incident:				
h)	/ /			
Describe Incident:				

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74) Have you ever been convicted of a crime that was reduced from a felony to a misdemeanor? ☐ Yes ☐ No If yes, explain and give details including dates

75) Have you ever been convicted of a domestic violence related offense? ☐ Yes ☐ No If yes, explain and give details including dates

76) Has a warrant ever been issued for your arrest? ☐ Yes ☐ No If yes, explain and give details including dates

77) Have you ever failed to appear in court when properly ordered to do so? ☐ Yes ☐ No If yes, explain and give details including dates

78) Have you ever had a restraining order and/or an injunction issued against you? ☐ Yes ☐ No If yes, explain and give details including dates

79) Are you presently under indictment or a defendant in any pending criminal or civil action(s)? ☐ Yes ☐ No If yes, explain and give details

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- 80) Have you ever been named as a party in a civil action or proceeding as a plaintiff or defendant? (E.g. paternity action, bankruptcy, eviction, action resulting from non-payment of monies owed, small claims court proceedings, divorce, child custody hearings, civil lawsuits resulting from auto accidents, industrial accidents or negligence on your part or on the part of someone else.) ☐ Yes ☐ No If yes, explain and give details including dates and case numbers

- 81) Have you ever served time in prison or jail as a result of either a felony or misdemeanor conviction? ☐ Yes ☐ No If yes, explain and give details including dates

- 82) Have you ever been placed on probation/parole as an adult? ☐ Yes ☐ No If yes, explain and give details including dates

- 83) Have you ever been involved in, or present during, a violent incident where someone was or could have been seriously injured or killed? ☐ Yes ☐ No If yes, explain and give details including dates

- 84) Have you ever been a member, or associated with, any gang (E.g. motorcycle gang, street gang, etc)? ☐ Yes ☐ No If yes, explain and give details

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85) Were you ever required to appear before a Juvenile Court? ☐ Yes ☐ No If yes, explain and give details

NOTE: IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL PAGES FOLLOWING THE SAME FORMAT.

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86) Please provide the following information regarding your use and/or experimentation with any controlled substance, without a prescription. Do you now, or have you in the past, used, tried, or experimented with any of the following:

<u>SUBSTANCE</u>	<u>YES</u>	<u>NO</u>	<u>LAST USED</u>	
			<u>MONTH</u>	<u>YEAR</u>
Ecstasy (Methylenedioxy-N-methylamphetamine)	<input type="checkbox"/>	<input type="checkbox"/>		
GHB (Gamma-Hydroxybutyric Acid, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		
Cocaine / Crack	<input type="checkbox"/>	<input type="checkbox"/>		
PCP (angel dust, crystal, rocket fuel, KJ)	<input type="checkbox"/>	<input type="checkbox"/>		
Amphetamines / Methamphetamines (uppers, speed, crank)	<input type="checkbox"/>	<input type="checkbox"/>		
Barbiturates (downers, yellow jackets)	<input type="checkbox"/>	<input type="checkbox"/>		
Hallucinogens (LSD, STP, DMT, MDA, DET, Synthetic THC)	<input type="checkbox"/>	<input type="checkbox"/>		
Psilocybin (magic mushroom)	<input type="checkbox"/>	<input type="checkbox"/>		
Heroin	<input type="checkbox"/>	<input type="checkbox"/>		
Morphine / Demerol	<input type="checkbox"/>	<input type="checkbox"/>		
Mescaline / Peyote	<input type="checkbox"/>	<input type="checkbox"/>		
Thai Sticks (Opiated grass)	<input type="checkbox"/>	<input type="checkbox"/>		
Amyl Nitrate (poppers)	<input type="checkbox"/>	<input type="checkbox"/>		
Quaaludes (ludes)	<input type="checkbox"/>	<input type="checkbox"/>		
Steroids	<input type="checkbox"/>	<input type="checkbox"/>		
Hashish / Hash Oil	<input type="checkbox"/>	<input type="checkbox"/>		
Marijuana (Grass, Pot)	<input type="checkbox"/>	<input type="checkbox"/>		
Other – Not listed above	<input type="checkbox"/>	<input type="checkbox"/>		

**City of Milwaukee Police Department
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Describe

86a) Have you ever failed a mandatory drug screening? ☐ Yes ☐ No If yes, explain and give details

87) Have you ever possessed, sold, furnished and/or manufactured any controlled substance, drug, narcotic, or any other illegal substance? ☐ Yes ☐ No If yes, explain and give details

88) Have you ever been involved in glue sniffing and/or used any other such chemical agents for the recreational or social purpose of obtaining a state of intoxication? ☐ Yes ☐ No If yes, explain and give details

89) Have you ever abused a prescribed drug, narcotic, and/or any other controlled substance? ☐ Yes ☐ No If yes, explain and give details

NOTE: IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL PAGES FOLLOWING THE SAME FORMAT.

**City of Milwaukee Police Department
Applicant Personal History Questionnaire**

Section X - GENERAL QUESTIONS - SECTION X

90) Have you ever applied for a permit to carry a gun? ☐ Yes ☐ No If yes, provide the following:

<u>PERMIT NUMBER</u>	<u>WHERE GRANTED</u>	<u>LAW</u> <u>ENFORCEMENT</u> <u>AGENCY</u>	<u>PURPOSE</u>
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91) List all occasions in the past where you were the victim of a reported crime (Such as thefts, robberies, burglaries, domestic violence, etc.)

QUESTION 92 HAS BEEN ELIMINATED

93) Have you ever held any city or county license(s) relating to bartending, vending, or transportation? ☐ Yes ☐ No If yes, explain and give details

94) Have you ever been employed by the Milwaukee Police or Fire Department? ☐ Yes ☐ No If yes, explain and give details

95) Have you ever applied for any position with the Milwaukee Police or Fire Department prior to this application? ☐ Yes ☐ No If yes, provide the following

<u>DATE</u>	<u>FIRE /</u> <u>POLICE</u>	<u>POSITION</u>	<u>LAST KNOWN</u> <u>STATUS</u>
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/ /	<input type="checkbox"/> <input type="checkbox"/>		
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**City of Milwaukee Police Department
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/	/	<input type="checkbox"/>	<input type="checkbox"/>
/	/	<input type="checkbox"/>	<input type="checkbox"/>

**City of Milwaukee Police Department
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96) Have you ever been rejected/disqualified for any other civil service job, e.g. Police, Fire, Postal Service?

☐ Yes ☐ No If yes, provide the following

<u>DATE</u>	<u>AGENCY</u>	<u>POSITION</u>	<u>LAST KNOWN STATUS</u>
/ /			
/ /			
/ /			

96a) Have you ever before been the subject of a background investigation? ☐ Yes ☐ No If yes list **ALL** investigations and specify jurisdiction, date, and disposition for all background investigations.

97) Have either you or any property rented or owned by you ever been investigated by the Health Department, Building Inspection, or other agency? (E.g., cruelty to animals, filthy conditions in a residence, building code violations, or abandoned vehicles on property, etc.) ☐ Yes ☐ No If yes, explain and give details

QUESTION 98 HAS BEEN ELIMINATED

QUESTION 99 HAS BEEN ELIMINATED

QUESTION 99a HAS BEEN ELIMINATED

QUESTION 100 HAS BEEN ELIMINATED

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NOTE: IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL PAGES FOLLOWING THE SAME FORMAT.

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Section XI - LAW ENFORCEMENT EXPERIENCE

101) Have you ever acted as a volunteer for any law enforcement agency? ☐ Yes ☐ No If yes, explain and give details

102) Have you ever been employed by a law enforcement agency?
☐ Yes ☐ No
If No, skip to Question 109

103) List all law enforcement agencies you have been employed by:

104) List all complaints that you have been the subject of and all suspensions or reprimands that you have received while employed by a law enforcement agency (Indicate date, nature of incident, disposition or action taken):

105) If you are presently, or have been previously, employed by a law enforcement agency, answer the following:

a) Are there any pending disciplinary action(s) and/or internal investigation(s) against you at this time or were there at the time of your separation? ☐ Yes ☐ No If yes, explain and give details

b) Your reason for leaving that law enforcement agency

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106) List all duty-connected civil suits you have been a party to:

107) List all on-duty motor vehicle accidents you have been involved in as a driver (Submit copies of accident reports):

108) List all occasions where you engaged in the use of deadly force (Give dates, locations and circumstances):

109) Have you ever been dismissed by a law enforcement agency for any reason(s)? ☐ Yes
☐ No If yes, explain and give details

QUESTION 110 HAS BEEN ELIMINATED

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NOTE: IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL PAGES FOLLOWING THE SAME FORMAT.

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Section XII - PERSONAL REFERENCES

List three (3) individuals who have known you personally for at least the last 3 years and know you well enough to provide current information about you. If this individual is a co-employee he/she also needs to know you socially. **DO NOT** list relatives, present or former employers/supervisors, elected officials or any person employed by the Milwaukee Police Department or Fire and Police Commission.

REFERENCE #1

Name	_____					Relationship	_____	
Address	_____					City	State	Zip
Home Telephone Number	()-	-	_____	Hours available at this number?	_____			
Cell Telephone Number	()-	-	_____	Hours available at this number?	_____			
Work Telephone Number	()-	-	_____	Hours available at this number?	_____			

REFERENCE #2

Name	_____					Relationship	_____	
Address	_____					City	State	Zip
Home Telephone Number	()-	-	_____	Hours available at this number?	_____			
Cell Telephone Number	()-	-	_____	Hours available at this number?	_____			
Work Telephone Number	()-	-	_____	Hours available at this number?	_____			

REFERENCE #3

**City of Milwaukee Police Department
Applicant Personal History Questionnaire**

Name _____ Relationship _____

Address _____

			City	State	Zip
Home Telephone Number	()-	-	Hours available at this number?		
Cell Telephone Number	()-	-	Hours available at this number?		
Work Telephone Number	()-	-	Hours available at this number?		

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CERTIFICATION & SIGNATURE

I hereby certify that the answers to questions on this application are accurate, true, and complete and that I have made no willful misrepresentations, omissions, or falsifications. I understand that if I give false information or omit material information on this Personal History Questionnaire or at any time during the selection process, I will be immediately rejected and disqualified from the selection process and/or removed from employment with the City of Milwaukee.

Signature of applicant:

Social Security Number: _____ Date:

Place Right Index Fingerprint in space
below –

NOTE: Fingerprint will be taken by
City of Milwaukee Police Department

ATTACH ONE

PHOTO HERE

KEEP 2ND

PHOTO LOOSE

**City of Milwaukee Police Department
Applicant Personal History Questionnaire**

AUTHORIZATION FOR RELEASE OF INFORMATION

Read the authorization for release of information listed below. Your completion of this document allows the Milwaukee Police Department to investigate your background and gives your permission for the release of information from the below listed sources. After affixing your signature to the release form you **must** print your name beneath your signature.

TO WHOM IT MAY CONCERN:

I respectfully request and authorize you to allow to view or to provide to the Milwaukee Police Department and/or any representative thereof any and all information that you may have concerning the following:

1. Employment history, including without limitation all background investigations, disciplinary records, performance evaluations, attendance records, and any other matters contained in my personnel file.
2. Scholastic records.
3. Financial records, credit information and all civil records including but not limited to collections, judgments, tax records, liens, paternity suits, child custody matters or cases, support payment records, unemployment records, et al.
4. Records maintained by any law enforcement agency or jurisdiction, including but not limited to background investigations, records of arrest and/or conviction, juvenile records, or those relating to traffic violations.
5. Residential history including information from past and present landlords and/or mortgage/property management company records.
6. Current or past traffic records maintained by any current or former insurance company.
7. Military records.

This information is to be used to assist the Milwaukee Police Department and the Fire and Police Commission of the City of Milwaukee in determining my qualifications and fitness for the position I am seeking with the Milwaukee Police Department. Please provide the Milwaukee Police Department and/or any representative thereof, any information falling within the categories listed above, including any information which otherwise would be considered confidential or privileged, and permit the Department to make copies of that information if it so desires.

Pursuant to Section 103.13 of the Wisconsin State Statutes, demand is hereby made that you provide access, and, upon request, copies of all relevant records in your possession to the bearer of this waiver.

I hereby release, and hold harmless, on behalf of myself, my heirs, assigns and successors interest forever, both you and/or your employer or organization from any liability or damage whatsoever which may result because of your responses to this request for information. Further, I covenant not to sue you or your employer or organization for any information which is released in response to this request. In making these statements, I understand that information which you give may result in my not being employed.

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A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. This release remains effective until you receive signed written instructions to the contrary. You may retain this form in your files.

DATE:_____ SIGNATURE:

PRINT NAME:_____ OTHER NAME(S) USED:

DATE OF BIRTH:_____ SOCIAL SECURITY #:

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Applicants must also complete and submit the following:

- IRS Form 4506-T Request for Transcript of Tax Returns covering the previous five tax years.
- NARA Form 180 Request Pertaining to Military Records

Copies of these forms will be included with the PHQ document.